



Public Health and Health Planning Council

Project # 141044-E
Saratoga Center for Care, LLC d/b/a Saratoga Center for Rehab and Skilled Nursing Care

Program: Residential Health Care Facility
Purpose: Establishment

County: Saratoga
Acknowledged: February 10, 2014

Executive Summary

Description

Saratoga Center for Care, LLC, is seeking approval to become established as the new operator of Saratoga County Maplewood Manor Nursing Home, an existing 277-bed, public county, residential health care facility (RHCF) located at 149 Ballston Avenue in Ballston Spa, Saratoga County, and to decertify 20 RHCF beds, resulting in a total of 257 remaining RHCF beds at the facility.

On November 30, 2012, the County of Saratoga Legislature approved the divestiture of Maplewood Manor to reduce the County subsidies of the Manor's operating losses and sponsored a not-for-profit Local Development Corporation, Maplewood Manor Local Development Corporation (MMLDC), to facilitate the sale of the Manor's assets and operations.

Saratoga Center for Care, LLC ownership is as follows:

Jeffrey Vegh	50%
Alan Schwartz	50%

Jeffrey Vegh has a 15% membership interest in Livingston Hills Nursing & Rehabilitation center, a 120-bed RHCF, located in Livingston, as of October 1, 2013.

DOH Recommendation
Contingent Approval

Need Summary

Saratoga Center for Care, LLC seeks approval to become the established operator of Saratoga County

Maplewood Manor Nursing Home, a 277-bed Article 28 residential health care facility (RHCF), located at 149 Ballston Avenue, Ballston Spa, 12020, in Saratoga County. The facility also seeks approval to reduce their RHCF certified bed capacity by 20 beds, resulting in a 257-bed facility.

Program Summary

No negative information has been received concerning the character and competence of the proposed applicants identified as new members.

No changes in the program or physical environment are proposed in this application. No administrative services or consulting agreements are proposed in this application.

Financial Summary

There is no purchase price for the operating assets.

There are no project costs associated with this proposal.

Budget:	Revenues:	\$21,860,147
	Expenses:	\$21,703,784
	Gain:	\$ 156,363

Subject to the noted contingencies, it appears that the applicant has demonstrated the capability to proceed in a financially feasible manner.

Recommendations

Health Systems Agency

There will be no HSA recommendation for this project.

Office of Health Systems Management

Approval contingent upon:

1. Submission of a commitment signed by the applicant which indicates that, within two years from the date of the council approval, the percentage of all admissions who are Medicaid and Medicare/Medicaid eligible at the time of admission will be at least 75 percent of the planning area average of all Medicaid and Medicare/Medicaid admissions, subject to possible adjustment based on factors such as the number of Medicaid patient days, the facility's case mix, the length of time before private paying patients became Medicaid eligible, and the financial impact on the facility due to an increase in Medicaid admissions. [RNR]
2. Submission of a plan to continue to enhance access to Medicaid residents. At a minimum, the plan should include, but not necessarily be limited to, ways in which the facility will:
 - Reach out to hospital discharge planners to make them aware of the facility's Medicaid Access Program;
 - Communicate with local hospital discharge planners on a regular basis regarding bed availability at the nursing facility; and
 - Identify community resources that serve the low-income and frail elderly population who may eventually use the nursing facility, and inform them about the facility's Medicaid Access policy. [RNR]
3. Submission of an annual report, for two years, to the DOH demonstrating substantial progress with the implementation of the plan. The report should include but not be limited to:
 - Information on activities relating to a-c above;
 - Documentation pertaining to the number of referrals and the number of Medicaid admissions; and
 - Other factors as determined by the applicant to be pertinent.The DOH reserves the right to require continued reporting beyond the two year period. [RNR]
4. Submission and Departmental approval of a quality assurance plan to be put in place to ensure that the quality of care at the facility will be maintained during the transition period related to ownership transfer. [LTC]
5. Programmatic review of the plan to reduce the bed count by twenty beds and reopen the forty bed Schuyler Hall unit. This review may include an on-site walk-through of the facility to review the unit in which the proposed bed reduction will occur and of the Schulyer Hall unit to be reopened. [LTC]
6. Submission of a personal loan commitment for working capital acceptable to the Department of Health. [BFA]
7. Submission of a loan commitment for working capital acceptable to the Department of Health. [BFA]
8. Submission of an executed lease agreement acceptable to the Department of Health. [BFA]
9. Submission of an executed Certificate of Amendment of the Articles of Organization of Saratoga Center for Care LLC, acceptable to the Department. [CSL]
10. Submission of the executed Amended and Restated Operating Agreement of Saratoga Center for Care LLC, acceptable to the Department. [CSL]
11. Submission of an executed lease agreement between 149 Ballston Ave LLC and the applicant, acceptable to the Department. [CSL]

Approval conditional upon:

1. The project must be completed within three years from the Public Health and Health Planning Council recommendation letter. Failure to complete the project within the prescribed time shall constitute an abandonment of the application by the applicant and an expiration of the approval. [PMU]

Council Action Date

October 2, 2014

Need Analysis

Background

There will be a change in bed capacity at this facility upon approval of this application by the Public Health and Health Planning Council, as shown in the table below.

<u>Saratoga County Maplewood Manor</u>	<u>Current</u>	<u>Proposed</u>	<u>Upon</u>
<u>RHCF Beds</u>		<u>Action</u>	<u>Completion</u>
	277	(20)	257

Saratoga County Maplewood Manor Nursing Home's utilization was 98.6% in 2010, 98.1% in 2011, and 90.2% in 2012. Utilization as of August 6, 2014 is 80.5%. According to the applicant, the facility reports their census has increased to 84.5%, and with the reduction of 20 certified beds utilization will increase to 91.1%. The proposed operator also plans to make the following future changes to the facility to further improve census, case mix, and marketing:

- Add a state of the art ADL suite and rehabilitation gym;
- Change from one large dining area to restaurant style dining;
- Change from large ward social rooms to main street type of environment;
- Hire an internal admission's director, a marketing person, and a screener in the Albany area;
- Accept Medicaid pending residents and assist appropriate residents in applying for and enrolling in Medicaid post admission;
- Ensure residents can be admitted "real time";
- Create areas of particular expertise by examining the ability to provide stroke recovery care, a Congestive Heart Failure Recurrence Prevention Program, a Cardiac Telemetry Monitored Rehab Program, an Intensive Wound Care Program, and bariatric care to residents;
- Institute a telemedicine program in the hopes of returning residents to their home community while retaining their doctors via teleports;
- Invite community leadership organizations and their members to utilize the facility space for meetings and functions, and encourage staff to volunteer in organizations and events; and
- Maintain regular contact with all local and regional health care providers at their sites to provide them with information regarding the new ownership, and listen to what the community needs from the facility that was not provided in the past.

Analysis

There is currently a need for 215 beds in Saratoga County as indicated in Table 1 below. However, the overall occupancy for Saratoga County is 93.5% for 2012 as indicated in Table 2.

Table 1: RHCF Need – Saratoga County

2016 Projected Need	1,004
Current Beds	789
Beds Under Construction	0
Total Resources	789
Unmet Need	215

Table 2: Saratoga County Maplewood Nursing Home/Saratoga County

<u>Facility/County/Region</u>	<u>% Occupancy 2010</u>	<u>% Occupancy 2011</u>	<u>% Occupancy 2012</u>
Saratoga County Maplewood Manor Nursing Home	98.6%	98.1%	90.2%
Saratoga County	97.5%	96.9%	93.5%

Saratoga County Maplewood Manor Nursing Home's utilization was 98.6% in 2010, 98.1% in 2011, and 90.2% in 2012. The reason for the decline in utilization, as noted by the applicant, is due to the current operator's lack of investment in the facility. There has been a lack of investment in the physical plant, marketing, and services that would fill beds and attract quality payors. In addition, the proposed operator was told of an existing, self-imposed, moratorium on new admissions by the facility, through either the cessation of new admissions or as a result of a very cumbersome process of accepting admissions, leaving the potential resident with no alternative than to go elsewhere. The facility's CMI is 0.86. Lastly, the facility has been operating under certified bed capacity since it closed a 40-bed unit on November 13, 2012 due to budgetary issues. The facility has agreed to decertify 20 RHCf beds to help with some of these issues.

Access

Regulations indicate that the Medicaid patient admissions standard shall be 75% of the annual percentage of all Medicaid admissions for the long term care planning area in which the applicant facility is located. Such planning area percentage shall not include residential health care facilities that have an average length of stay 30 days or fewer. If there are four or fewer residential health care facilities in the planning area, the applicable standard for a planning area shall be 75% of the planning area percentage of Medicaid admissions, or of the Health Systems Agency area Medicaid admissions percentage, whichever is less. In calculating such percentages, the Department will use the most current data which have been received and analyzed by the Department.

An applicant will be required to make appropriate adjustments in its admission policies and practices so that the proportion of its own annual Medicaid patient's admissions is at least 75% of the planning area percentage or the Health Systems Agency percentage, whichever is applicable.

Saratoga County Maplewood Manor Nursing Home's Medicaid admissions for 2011 and 2012 was 28.2% and 50.6%, respectively. This facility exceeded Saratoga County 75% rates in 2011 and 2012 of 11.9% and 16.9%, respectively.

Conclusion

Approval of this application will result in maintaining a necessary community resource.

Recommendation

From a need perspective, contingent approval is recommended.

Program Analysis

Facility Information

	<u>Existing</u>	<u>Proposed</u>
Facility Name	Saratoga County Maplewood Manor	Saratoga Center for Rehab and Skilled Nursing Care
Address	149 Ballston Avenue Ballston Spa, NY 12020 PFI: 0825	Same
RHCf Capacity	277	257
ADHC Program Capacity	N/A	N/A
Type of Operator	County	Limited Liability Company
Class of Operator	Public	Proprietary
Operator	County of Saratoga	Saratoga Center for Care LLC d/b/a Saratoga Center for Rehab and Skilled Nursing Care Members: Jeffrey Vegh 50% Alan Schwartz 50%

Character and Competence - Background

Facilities Reviewed

Nursing Homes

Livingston Hills Nursing & Rehab (NY)	10/2013 to present
Forest Manor Health Care Center (NJ)	12/2010 to 12/2013
Kepler Center for Nursing and Rehabilitation (PA)	06/2013 to present
Oakmont Center for Nursing & Rehabilitation (PA)	03/2014 to present
Excel Center for Nursing and Rehabilitation (MA)	05/2014 to present
The Harborview Center for Nursing and Rehabilitation (MA)	05/2014 to present

Individual Background Review

Jeffrey Vegh holds active Nursing Home Administrator licenses, in good standing, in New York and New Jersey. Mr. Vegh was the managing member at Forest Manor Health Care Center, located in Hope NJ, from December 2010 until it was sold on December 31, 2013. Prior employment was as the nursing home administrator of Forest Manor Health Care Center from February 2007 through December 2009 and nursing home administrator at Bayview Nursing and Rehabilitation Center from July 2003 through February 2007. Mr. Vegh discloses the following ownership interest:

Livingston Hills Nursing & Rehab (NY)	10/2013 to present
Forest Manor Health Care Center (NJ)	12/2010 to 12/2013
Kepler Center for Nursing and Rehabilitation (PA)	06/2013 to present
Oakmont Center for Nursing & Rehabilitation (PA)	03/2014 to present
Excel Center for Nursing and Rehabilitation (MA)	05/2014 to present
The Harborview Center for Nursing and Rehabilitation (MA)	05/2014 to present

Alan Schwartz is employed as the CEO of Zenith Care LLC since October 2012. Prior employment was as CEO with Triple Health Partners from 2009 to 2012. Both employers are in healthcare financial consulting. Mr. Schwartz discloses no healthcare facility interests.

Character and Competence - Analysis

No negative information has been received concerning the character and competence of the above applicants identified as new members.

A review of operations for Livingston Hills Nursing & Rehabilitation, for the periods identified above, results in a conclusion of substantially consistent high level of care since there were no enforcements. Please refer to BNHLC Attachment A for details on citations for Certification Surveys and Complaint Surveys at the facility for the period identified. Citations listed in the attachment may not translate into an enforcement action and should not be interpreted as such.

A review of operations for Forest Manor Health Care Center in the state of New Jersey, for the periods identified above, results in a conclusion of substantially consistent high level of care since there were no enforcements.

A review of operations for Kepler Center for Nursing & Rehabilitation and Oakmont Center for Nursing and Rehabilitation in the state of Pennsylvania, for the periods identified above, results in a conclusion of substantially consistent high level of care since there were no enforcements.

A review of operations for The Harborview Center for Nursing and Rehabilitation and Excel Center for Nursing and Rehabilitation in the state of Massachusetts, for the periods identified above, results in a conclusion of substantially consistent high level of care since there were no enforcements.

Project Review

No changes in the program or physical environment are proposed in this application. The facility is in compliance with CMS 2013 sprinkler mandates.

Recommendation

From a programmatic perspective, contingent approval is recommended.

Financial Analysis

Facility Transition Agreement

On December 16, 2013, Saratoga County and Saratoga Center for Care, LLC entered into a transition agreement with the acknowledgement of Maplewood Manor Local Development Corporation (MMLDC), the landlord. Previously, Saratoga County and MMLDC entered into a lease agreement with exclusive option to purchase and acquire the facility assets and Saratoga County has a leaseback agreement whereas the County leases the Facility Assets back from MMLDC for operating purposes.

Asset Purchase Agreement

The change in ownership will be effectuated in accordance with an executed asset purchase agreement, the terms of which are summarized below:

Date:	December 16, 2013
Seller:	MMLDC
Purchaser :	Saratoga Center for Care, LLC
Purchased Assets:	All assets used in operation of the facility. Facilities; equipment; supplies and inventory; prepaid expenses; documents and records; assignable leases, contracts, licenses and permits; telephone numbers, fax numbers and all logos; resident trust funds; deposits; accounts and notes receivable; cash, deposits and cash equivalents.
Excluded Assets:	Any security, vendor, utility or other deposits with any Governmental Entity; any refunds, debtor claims, third-party retroactive adjustments and related documents prior to closing, and personal property of residents.
Assumed Liabilities:	Those associated with purchased assets.
Purchase Price:	\$0 for the operating interest
Payment of Purchase Price:	Not applicable per the facility transition agreement.

The proposed members have submitted an original affidavit, which is acceptable to the Department, in which the applicant agrees, notwithstanding any agreement, arrangement or understanding between the applicant and the transferor to the contrary, to be liable and responsible for any Medicaid overpayments made to the facility and/or surcharges, assessments or fees due from the transferor pursuant to Article 28 of the Public Health Law with respect to the period of time prior to the applicant acquiring interest, without releasing the transferor of its liability and responsibility.

The Real Property has been purchased for \$14,100,000 by 149 Ballston Ave, LLC, which is owned by Leon Melohn who is not associated with the proposed members of the operations.

Lease Agreement

Facility occupancy is subject to a draft lease agreement, the terms of which are summarized as follows:

Date:	March 20, 2014
Premises:	A 277 bed RHC located at 149 Ballston Ave in Ballston Spa.
Landlord:	149 Ballston Ave, LLC
Tenant:	Saratoga Center for Care, LLC
Terms:	3 years commencing on the execution of the lease with a 3 year and additional 4 year option to renew.
Rental:	\$1,957,020.60 for the first year, \$2,826,432.10 for the second year, \$3,924,327.50 for the third year, \$4,042,057.33 for the fourth year and 3% increase thereafter to 10 years.
Provisions:	Tenant is responsible for insurance, utilities and maintenance

The lease arrangement is an arm's length agreement. The applicant has submitted an affidavit attesting that there is no relationship between landlord and tenant.

Operating Budget

Following is a summary of the submitted operating budget for the RHCF, presented in 2014 dollars, for the first year subsequent to change in ownership:

	<u>Total</u>
Revenues:	
Medicaid	\$13,491,897
Medicare	3,861,149
Private Pay	<u>4,481,750</u>
	21,834,796
Other revenues*	<u>25,351</u>
Total Revenues	\$21,860,147
Expenses:	
Operating	\$19,685,418
Capital	<u>2,018,366</u>
Total Expenses	<u>\$21,703,784</u>
Net Income	<u>\$156,363</u>
Utilization: (patient days)	91,930
Occupancy	98.0%

*Other revenues are vending machine and cafeteria income.

The following is noted with respect to the submitted RHCF operating budget:

- Expenses include lease rental.
- Medicaid revenues include assessment revenues.
- Medicaid rates are based on 2014 Medicaid pricing rates with no trend.
- Medicare and Private Rates are based on the experience of the County.
- Overall utilization is projected at 98.0%, while utilization by payor source is expected as follows:

Medicaid	76.0%
Medicare	9.0%
Private Pay	15.0%
- Breakeven occupancy is projected at 97.41%.

Capability and Feasibility

There is no purchase price for the operations and there are no project costs.

Working capital requirements are estimated at \$3,617,297, based on two months of the first year expenses, of which \$1,808,647 will be satisfied with a personal loan from the proposed members and the remaining \$1,808,650 will be satisfied through a loan from Hallmark Capital at 4% over five years with a 25 year amortization. Letters of interest for both the personal loan and the working capital loan have been supplied by the bank. BFA Attachment A is the Net Worth of the proposed members.

The submitted budget indicates that a net income of \$156,363 would be maintained during the first year following change in ownership. DOH staff has reviewed the difference between the current 2012 net operating loss of \$5,552,802, as shown on BFA Attachment C, and the first year budgeted net income of \$156,363 and has concluded that the difference is mainly due to the reduction in employee fringe benefits of \$5,408,500 and reduction of staff of \$538,526. The facility will no longer participate in the County benefit plan. As of August 31, 2014, the facility has an occupancy level of 91.1% utilizing 257 beds based on the 20 RHCF bed decertification. The first year budget is based on the 2011 occupancy levels of 98.1% with an approximate correlation of payor mix between the third party payors. The more than two year decrease in utilization was due to practices that were approved by the county in order to decrease their operational losses, which included the creation of a committee to approve all admissions without the acceptance of Medicaid pending residents, and in the fall of 2012 the closure of a 40 RHCF bed wing. The proposed owners will put in place a \$2,500,000 renovation after final approval of this application by the Public Health and Health Planning Council with the following business plan to improve operations:

- Reconstructing the facility to accommodate patients through rehabilitation and therapies with an ADL suite and rehab gym. Also enhancing the Memory Care Unit.
- Readdress the accessibility of family members to administration and admissions.
- Create external and internal marketers for the RHCF to access referrals from area hospitals.
- The acceptance of Medicaid pending patients and assist in the patients applying for Medicaid eligibility.
- Begin negotiating HMO contracts for resident referrals.
- Instituting a telemedicine program to attract residents within their community.
- Possessing an astute awareness of community needs.

BFA Attachment B is the pro-forma balance sheet of Saratoga County Maplewood Manor, which indicates positive members' equity of \$2,418,647 as of the first day of operations. It is noted that assets include \$590,000 in goodwill, which is not an available liquid resource, nor is it recognized for Medicaid reimbursement purposes. Thus members' equity would be \$1,828,647. The budget appears reasonable.

Staff notes that with the expected 2014 implementation of managed care for nursing home residents, Medicaid reimbursement is expected to change from a state-wide price with a cost-based capital component payment methodology to a negotiated reimbursement methodology. Facility payments will be the result of negotiations between the managed long term care plans and the facility. At this point in time it cannot be determined what financial impact this change in reimbursement methodology will have on this project.

As shown on BFA Attachment C , the facility maintained positive working capital in 2011-2013 and experienced negative equity and an average net loss from operations of \$10,269,757 for the period shown. The county cannot maintain its current operation due to reoccurring losses from year to year and has therefore decided to sell the facility to a new operator who is an experienced team of nursing home providers.

Based on the preceding, and subject to the noted contingencies, it appears that the applicant has demonstrated the capability to proceed in a financially feasible manner, and approval is recommended.

Recommendation

From a financial perspective, contingent approval is recommended.

Attachments

BFA Attachment A	Net Worth of Proposed Members
BFA Attachment B	Pro-forma Balance Sheet
BFA Attachment C	Financial Summary, Saratoga County Maplewood Manor, 2011-2013
BNHLC Attachment A	Quality Measures and Inspection Report

Saratoga County Maplewood Manor
BALANCE SHEET

<u>ASSETS</u>	PROJECTED OPENING DAY
CASH	\$3,617,297
INVENTORY	<u>20,000</u>
TOTAL CURRENT ASSETS	<u>3,637,297</u>
OTHER ASSETS	
GOODWILL	590,000
PATIENT FUNDS	<u>150,000</u>
TOTAL OTHER ASSETS	<u>740,000</u>
TOTAL ASSETS	<u>\$4,377,297</u>
<u>LIABILITIES</u>	
CURRENT LIABILITIES	
LOANS PAYABLE WORKING CAPITAL	<u>\$305,134</u>
TOTAL CURRENT LIABILITIES	<u>305,134</u>
LONG TERM LIABILITIES	
LOANS PAYABLE WORKING CAPITAL	1,503,516
TOTAL LONG TERM LIABILITIES	<u>1,503,516</u>
OTHER LIABILITIES	
PATIENT FUNDS	<u>150,000</u>
EQUITY	<u>2,418,647</u>
TOTAL LIABILITIES & EQUITY	<u>\$4,377,297</u>

CON# 141044

Financial Summary- Saratoga County Maplewood Manor

	<u>FISCAL PERIOD ENDED</u>		
	<u>draft</u>		
	<u>12/31/13</u>	<u>12/31/12</u>	<u>12/31/11</u>
ASSETS - CURRENT	\$5,554,621	\$8,466,842	\$6,514,832
ASSETS - FIXED AND OTHER	2,225,412	3,445,125	3,903,999
LIABILITIES - CURRENT	3,307,919	866,377	2,998,310
LIABILITIES - LONG-TERM	<u>30,506,566</u>	<u>28,745,793</u>	<u>23,439,873</u>
EQUITY	(\$26,034,452)	(\$17,700,203)	(\$16,019,352)
<hr/>			
INCOME	\$18,641,269	\$18,335,784	\$19,858,880
EXPENSE	<u>24,194,071</u>	<u>31,998,674</u>	<u>31,452,459</u>
NET INCOME	(\$5,552,802)	(\$13,662,890)	(\$11,593,579)
<hr/>			
NUMBER OF BEDS	277	277	277
PERCENT OF OCCUPANCY (DAYS)	77.8%	90.2%	98.1%
<hr/>			
PERCENT OCCUPANCY (DAYS):			
MEDICAID	87.36%	84.98%	83.51%
MEDICARE	3.10%	2.37%	3.05%
PRIVATE/OTHER	9.54%	12.65%	13.43%
<hr/>			
MEDICAID RATE BREAKDOWN:			
	<u>2014</u>	<u>2013</u>	<u>2012</u>
OPERATING	\$180.03	\$166.14	\$160.99
CAPITAL	<u>5.95</u>	<u>6.18</u>	<u>6.10</u>
TOTAL	\$185.98	\$172.32	\$167.09

Saratoga County Maplewood Manor

The following table shows how this nursing home performs in key quality measure areas. For important information on the meaning of quality measures or how rankings are determined, click the associated  symbol.

Percentage of residents who...	Performance Ranking 
<p> Self-report moderate to severe pain (short stay) Reporting period: April 2013 to March 2014 32.9% This Facility 14.4% State average 19.1% National average</p>	<p> 1 out of 5 stars</p>
<p> Have pressure sores that are new or worsened Reporting period: April 2013 to March 2014 0.0% This Facility 1.3% State average 1.1% National average</p>	<p> 5 out of 5 stars</p>
<p> Were given, appropriately, the seasonal influenza vaccine (short stay) Reporting period: April 2013 to March 2014 83.6% This Facility 83.3% State average 83.1% National average</p>	<p> 2 out of 5 stars</p>
<p> Were given, appropriately, the pneumococcal vaccine Reporting period: April 2013 to March 2014 83.5% This Facility 84.0% State average 82.4% National average</p>	<p> 2 out of 5 stars</p>
<p> Newly received an antipsychotic medication Reporting period: April 2013 to March 2014 0.0% This Facility 2.4% State average 2.5% National average</p>	<p> 5 out of 5 stars</p>
<p> Needed increased help with daily activities (long stay) Reporting period: July 2013 to March 2014 16.6% This Facility 14.1% State average 15.7% National average</p>	<p> 2 out of 5 stars</p>
<p> Self-report moderate to severe pain (long stay) Reporting period: July 2013 to March 2014 14.6% This Facility 5.7% State average 8.0% National average</p>	<p> 1 out of 5 stars</p>
<p> Have pressure sores (long stay) Reporting period: July 2013 to March 2014 4.4% This Facility 7.6% State average 6.0% National average</p>	<p> 4 out of 5 stars</p>

BNHLC Attachment A – Quality Measures and Inspection Report

<p> Lose too much weight (long stay) Reporting period: July 2013 to March 2014 5.4% This Facility 6.3% State average 7.1% National average</p>	<p> 4 out of 5 stars</p>
<p> Lose control of their bowels or bladder (long stay, low risk) Reporting period: July 2013 to March 2014 51.9% This Facility 44.5% State average 44.1% National average</p>	<p> 2 out of 5 stars</p>
<p> Had a catheter inserted and left in their bladder (long stay) Reporting period: July 2013 to March 2014 1.7% This Facility 2.7% State average 3.2% National average</p>	<p> 4 out of 5 stars</p>
<p> Had a urinary tract infection (long stay) Reporting period: July 2013 to March 2014 3.1% This Facility 5.6% State average 6.0% National average</p>	<p> 4 out of 5 stars</p>
<p> Have depressive symptoms (long stay) Reporting period: July 2013 to March 2014 5.5% This Facility 11.6% State average 6.2% National average</p>	<p> 3 out of 5 stars</p>
<p> Were physically restrained (long stay) Reporting period: July 2013 to March 2014 1.8% This Facility 1.7% State average 1.3% National average</p>	<p> 2 out of 5 stars</p>
<p> Experienced one or more falls with major injury (long stay) Reporting period: July 2013 to March 2014 4.4% This Facility 2.7% State average 3.2% National average</p>	<p> 1 out of 5 stars</p>
<p> Were given, appropriately, the seasonal influenza vaccine (long stay) Reporting period: July 2013 to March 2014 99.3% This Facility 94.5% State average 92.9% National average</p>	<p> 4 out of 5 stars</p>
<p> Were given, appropriately, the pneumococcal vaccine (long stay) Reporting period: July 2013 to March 2014 99.5% This Facility 96.8% State average 94.2% National average</p>	<p> 4 out of 5 stars</p>
<p> Received an antipsychotic medication (long stay) Reporting period: July 2013 to March 2014 17.2% This Facility 18.4% State average 20.3% National average</p>	<p> 3 out of 5 stars</p>

Saratoga County Maplewood Manor

Inspection Report

Report Period: August 2010 to July 2014

PFI: 0825

Regional Office: [Capital District Regional Office](#)

This report displays citations for Certification Surveys and Complaint Surveys during the reporting period.

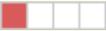
Summary

This table summarizes the citations in the details section of this report and compares them against the statewide average.

Measure	This Facility	Statewide Average
Standard Health Deficiencies	26	23
Life Safety Code Deficiencies	10	10
Total Deficiencies	36	33
Deficiencies Related to Actual Harm or Immediate Jeopardy	0	1
% of Deficiencies Related to Actual Harm or Immediate Jeopardy	0%	3%

Details of Certification and Complaint Surveys

Key to understanding citations and surveys:

-  Potential for no more than Minimal Harm
-  Potential for more than Minimal Harm
-  Actual Harm
-  Immediate Jeopardy
-  Isolated
-  Pattern
-  Widespread

- **Certification surveys** are on-site inspections required every 9-15 months by the federal government.
- **Complaint surveys** are on-site inspections held as the result of a complaint. They are only shown here if they resulted in a citation.

February 24, 2014 Complaint Survey

Standard Health Inspection

Deficiency	Severity 	Residents Affected 	Substandard Quality of Care 	Correction Date 
NOT EMPLOY PERSONS GUILTY OF ABUSE 			<input type="checkbox"/>	April 21, 2014

November 21, 2013 Complaint Survey

Standard Health Inspection

Deficiency	Severity 	Residents Affected 	Substandard Quality of Care 	Correction Date 
HOUSEKEEPING AND MAINTENANCE SERVICES 			<input type="checkbox"/>	January 17, 2014

September 23, 2013 Certification Survey

Standard Health Inspection

Deficiency	Severity	Residents Affected	Substandard Quality of Care	Correction Date
FACILITY ESTABLISHES INFECTION CONTROL PROGRAM			<input type="checkbox"/>	November 18, 2013
FACILITY IS FREE OF ACCIDENT HAZARDS			<input type="checkbox"/>	November 18, 2013
FACILITY MAINTAINS QA COMMITTEE			<input type="checkbox"/>	November 18, 2013
MEDICATION ERROR RATES OF 5% OR MORE			<input type="checkbox"/>	November 18, 2013
STORE/PREPARE/DISTRIBUTE FOOD UNDER SANITARY CONDITIONS			<input type="checkbox"/>	November 18, 2013
DEVELOPMENT/PREPARE/REVIEW OF COMPREHENSIVE CARE PLAN			<input type="checkbox"/>	November 18, 2013
SERVICES BY QUALIFIED PERSONS IN ACCORDANCE WITH CARE PLAN			<input type="checkbox"/>	November 18, 2013
DISPOSE GARBAGE AND REFUSE PROPERLY			<input type="checkbox"/>	November 18, 2013
STANDARDS OF CONSTRUCTION FOR NEW EXISTING NURSING HOME			<input type="checkbox"/>	November 18, 2013

Standard Life Safety Code Inspection

Deficiency	Severity	Residents Affected	Substandard Quality of Care	Correction Date
FIRE DRILLS			<input type="checkbox"/>	November 18, 2013

Livingston Hills Nursing and Rehabilitation Center

The following table shows how this nursing home performs in key quality measure areas. For important information on the meaning of quality measures or how rankings are determined, click the associated  symbol.

Percentage of residents who...	Performance Ranking 
 Self-report moderate to severe pain (short stay) Reporting period: April 2013 to March 2014 28.1% This Facility 14.4% State average 19.1% National average	 1 out of 5 stars
 Have pressure sores that are new or worsened Reporting period: April 2013 to March 2014 0.3% This Facility 1.3% State average 1.1% National average	 4 out of 5 stars
 Were given, appropriately, the seasonal influenza vaccine (short stay) Reporting period: April 2013 to March 2014 88.7% This Facility 83.3% State average 83.1% National average	 3 out of 5 stars
 Were given, appropriately, the pneumococcal vaccine Reporting period: April 2013 to March 2014 94.3% This Facility 84.0% State average 82.4% National average	 4 out of 5 stars
 Newly received an antipsychotic medication Reporting period: April 2013 to March 2014 2.6% This Facility 2.4% State average 2.5% National average	 2 out of 5 stars
 Needed increased help with daily activities (long stay) Reporting period: July 2013 to March 2014 19.7% This Facility 14.1% State average 15.7% National average	 1 out of 5 stars
 Self-report moderate to severe pain (long stay) Reporting period: July 2013 to March 2014 10.9% This Facility 5.7% State average 8.0% National average	 1 out of 5 stars
 Have pressure sores (long stay) Reporting period: July 2013 to March 2014 6.2% This Facility 7.6% State average 6.0% National average	 3 out of 5 stars

BNHLC Attachment A – Quality Measures and Inspection Report

<p> Lose too much weight (long stay) Reporting period: July 2013 to March 2014 8.3% This Facility 6.3% State average 7.1% National average</p>	<p> 2 out of 5 stars</p>
<p> Lose control of their bowels or bladder (long stay, low risk) Reporting period: July 2013 to March 2014 16.0% This Facility 44.5% State average 44.1% National average</p>	<p> 5 out of 5 stars</p>
<p> Had a catheter inserted and left in their bladder (long stay) Reporting period: July 2013 to March 2014 6.0% This Facility 2.7% State average 3.2% National average</p>	<p> 1 out of 5 stars</p>
<p> Had a urinary tract infection (long stay) Reporting period: July 2013 to March 2014 4.2% This Facility 5.6% State average 6.0% National average</p>	<p> 4 out of 5 stars</p>
<p> Have depressive symptoms (long stay) Reporting period: July 2013 to March 2014 3.7% This Facility 11.6% State average 6.2% National average</p>	<p> 3 out of 5 stars</p>
<p> Were physically restrained (long stay) Reporting period: July 2013 to March 2014 7.0% This Facility 1.7% State average 1.3% National average</p>	<p> 1 out of 5 stars</p>
<p> Experienced one or more falls with major injury (long stay) Reporting period: July 2013 to March 2014 5.5% This Facility 2.7% State average 3.2% National average</p>	<p> 1 out of 5 stars</p>
<p> Were given, appropriately, the seasonal influenza vaccine (long stay) Reporting period: July 2013 to March 2014 95.2% This Facility 94.5% State average 92.9% National average</p>	<p> 2 out of 5 stars</p>
<p> Were given, appropriately, the pneumococcal vaccine (long stay) Reporting period: July 2013 to March 2014 98.9% This Facility 96.8% State average 94.2% National average</p>	<p> 3 out of 5 stars</p>
<p> Received an antipsychotic medication (long stay) Reporting period: July 2013 to March 2014 39.2% This Facility 18.4% State average 20.3% National average</p>	<p> 1 out of 5 stars</p>

Livingston Hills Nursing and Rehabilitation Center

Inspection Report

Report Period: August 2010 to July 2014

PFI: 0156

Regional Office: [Capital District Regional Office](#)

This report displays citations for Certification Surveys and Complaint Surveys during the reporting period.

Summary

This table summarizes the citations in the details section of this report and compares them against the statewide average.

Measure	This Facility	Statewide Average
Standard Health Deficiencies	81	23
Life Safety Code Deficiencies	17	10
Total Deficiencies	98	33
Deficiencies Related to Actual Harm or Immediate Jeopardy	11	1
% of Deficiencies Related to Actual Harm or Immediate Jeopardy	11%	3%

May 13, 2014 Certification Survey

Standard Health Inspection

Deficiency	Severity	Residents Affected	Substandard Quality of Care	Correction Date
CRIMINAL HISTORY RECORD CHECK REQUIRED NOTIFICATION POLICIES & PROCEDURES REQUIRED			<input type="checkbox"/>	June 30, 2014
CRIMINAL HISTORY RECORD CHECK TEMPORARY APPROVAL PENDING RESULTS/ SUPERVISION REQUIRED			<input type="checkbox"/>	June 30, 2014
DEPARTMENT CRIMINAL HISTORY REVIEW DOH PROPOSED DISAPPROVAL/DIRECT CARE PROHIBITED			<input type="checkbox"/>	June 30, 2014
MEDICATION ERROR RATES OF 5% OR MORE			<input type="checkbox"/>	June 30, 2014
NOT EMPLOY PERSONS GUILTY OF ABUSE			<input type="checkbox"/>	June 30, 2014
STORE/PREPARE/DISTRIBUTE FOOD UNDER SANITARY CONDITIONS			<input type="checkbox"/>	June 30, 2014
			<input type="checkbox"/>	June 30, 2014
PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES			<input type="checkbox"/>	June 30, 2014
CRIMINAL HISTORY RECORD CHECK SUBJECT'S SIGNED INFORMED CONSENT REQUIRED			<input type="checkbox"/>	June 30, 2014
HOUSEKEEPING AND MAINTENANCE SERVICES			<input type="checkbox"/>	June 30, 2014
CRIMINAL HISTORY RECORD CHECK REQUIRED NOTIFICATION TO DOH PER CESSATION OF EMPLOYMENT			<input type="checkbox"/>	June 30, 2014

Standard Life Safety Code Inspection

Deficiency	Severity	Residents Affected	Substandard Quality of Care	Correction Date
GENERATORS INSPECTED/TESTED			<input type="checkbox"/>	June 30, 2014

BNHLC Attachment A – Quality Measures and Inspection Report

Deficiency	Severity	Residents Affected	Substandard Quality of Care	Correction Date
SMOKE PARTITION CONSTRUCTION			<input type="checkbox"/>	June 30, 2014
STAIRWAY ENCLOSURES AND VERTICAL SHAFTS			<input type="checkbox"/>	June 30, 2014

April 11, 2014 Complaint Survey

Standard Health Inspection

Deficiency	Severity	Residents Affected	Substandard Quality of Care	Correction Date
DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS			<input type="checkbox"/>	May 2, 2014
NOT EMPLOY PERSONS GUILTY OF ABUSE			<input type="checkbox"/>	May 2, 2014
DEVELOP COMPREHENSIVE CARE PLANS			<input type="checkbox"/>	May 2, 2014
RESIDENTS FREE FROM SIGNIFICANT MEDICATION ERRORS			<input type="checkbox"/>	May 2, 2014

February 11, 2014 Complaint Survey

Standard Health Inspection

Deficiency	Severity	Residents Affected	Substandard Quality of Care	Correction Date
FACILITY ADMINISTERED EFFECTIVELY TO OBTAIN HIGHEST PRACTICABLE WELL BEING			<input type="checkbox"/>	March 27, 2014
FACILITY MAINTAINS QA COMMITTEE			<input type="checkbox"/>	March 27, 2014
RIGHT TO REFUSE TREATMENT/RESEARCH; FORM ADVANCE DIRECTIVES			<input type="checkbox"/>	March 27, 2014
PROVIDE NECESSARY CARE FOR HIGHEST PRACTICABLE WELL BEING			<input type="checkbox"/>	March 27, 2014

BNHLC Attachment A – Quality Measures and Inspection Report

Deficiency	Severity 	Residents Affected 	Substandard Quality of Care 	Correction Date 
CLINICAL RECORDS MEET PROFESSIONAL STANDARDS 			<input data-bbox="1117 323 1144 352" type="checkbox"/>	April 8, 2014
SERVICES PROVIDED MEET PROFESSIONAL STANDARDS 			<input data-bbox="1117 420 1144 449" type="checkbox"/>	March 27, 2014